

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMALGAMATED TRANSIT UNION-COPE

Full Name (Last, First, Middle Initial)

## **A. ANDREWS FOR CONGRESS COMMITTEE**

Mailing Address P O BOX 295  
SUITE 200

City OAKLYN State NJ Zip Code 08107

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 01

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.15409

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. CITIZENS FOR HARKIN**

Mailing Address P O BOX 811

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President

State: IA District: 00

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.15411

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. FRIENDS OF LOIS CAPPS**

Mailing Address POST OFFICE BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 22

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.15410

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....